

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	A.2		08-99-0
O.I.P.E. CLASSIFIER	DS	32	8/6
FORMALITY REVIEW		119	09-13-0
RESPONSE FORMALITY REVIEW	CH		

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 ÷ Restricted O Objected

Claim	Date	Claim	Date	Claim	Date
Final		51		101	
Original	3/05 02/03	52		102	
1		53		103	
2		54		104	
3		55		105	
4		56		106	
5		57		107	
6		58		108	
7		59		109	
8		60		110	
9		61		111	
10		62		112	
11		63		113	
12		64		114	
13		65		115	
14		66		116	
15		67		117	
16		68		118	
17		69		119	
18		70		120	
19		71		121	
20	✓✓✓	72		122	
21		73		123	
22	✓✓✓	74		124	
23		75		125	
24		76		126	
25		77		127	
26		78		128	
27		79		129	
28		80		130	
29		81		131	
30		82		132	
31		83		133	
32		84		134	
33		85		135	
34		86		136	
35		87		137	
36		88		138	
37		89		139	
38		90		140	
39		91		141	
40		92		142	
41		93		143	
42		94		144	
43		95		145	
44		96		146	
45		97		147	
46		98		148	
47		99		149	
48		100		150	

If more than 150 claims or 10 actions
staple additional sheet here

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